REGISTRATION OF FOREIGN LIMITED PARTNERSHIP TO TRANSACT BUSINESS

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
http://www.sos.state.ne.us

Name of Limited Partnership_____

Organized under the laws of _____

Date of Formation _____

Address of Principal Office _____
Address City State Zip

Registered Agent Name:_____

Registered Office: _____NE_____
Street Address and post office box number (if any) City Zip

Name and Mailing Addresses of each of the General Partners:

_____

_____

_____

_____

_____

Signature of One General Partner Required

_____ _____
Signature Printed name and title

FILING FEE: $215.00

Revised 2/08/13 Neb. Rev. Stat. 67-281